

EMG
11/27/00

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	94		9/27/00
O.I.P.E. CLASSIFIER	70		10/6
FORMALITY REVIEW	SS	50800	11-03-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	1	10/27/00
2	2	2	10/27/00
3	3	3	10/27/00
4	4	4	10/27/00
5	5	5	10/27/00
6	6	6	10/27/00
7	7	7	10/27/00
8	8	8	10/27/00
9	9	9	10/27/00
10	10	10	10/27/00
11	11	11	10/27/00
12	12	12	10/27/00
13	13	13	10/27/00
14	14	14	10/27/00
15	15	15	10/27/00
16	16	16	10/27/00
17	17	17	10/27/00
18	18	18	10/27/00
19	19	19	10/27/00
20	20	20	10/27/00
21	21	21	10/27/00
22	22	22	10/27/00
23	23	23	10/27/00
24	24	24	10/27/00
25	25	25	10/27/00
26	26	26	10/27/00
27	27	27	10/27/00
28	28	28	10/27/00
29	29	29	10/27/00
30	30	30	10/27/00
31	31	31	10/27/00
32	32	32	10/27/00
33	33	33	10/27/00
34	34	34	10/27/00
35	35	35	10/27/00
36	36	36	10/27/00
37	37	37	10/27/00
38	38	38	10/27/00
39	39	39	10/27/00
40	40	40	10/27/00
41	41	41	10/27/00
42	42	42	10/27/00
43	43	43	10/27/00
44	44	44	10/27/00
45			
46			
47			
48			
49			
50			

If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY